	ME ISS	SUE SI.IP STAPLE A	REA (for additional cross rel	ferences)	
W	POSITION	INITIALS	ID NO	DATE	
*.	FEE DETERMINATION	m	6/8/0	6120155	
	O.I.P.E. CLASSIFIER	wal	50	9-23-99	
•	FORMALITY REVIEW		901008	10-20-9	H
		IND	EX OF CLAIMS		
		Rejected		Non-elected Interference	
	(Thro	Allowed ugh numeral) Cancele	d A		
[7	Claim N to Date	Claim		Claim Date	
ľ		<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>		
	The state of the s	Finel		Ongine Ongine	
F		51 52		101	
Ŀ	300==	53		103	
•		54		104	
4		56		106	
	***********	58	<del>                                     </del>	108	
1		59 60		109	
1	AVILLE	61		111	
	1300==	62 63		112	
Ì	14 1 1 2	84		114	
ŀ		65	╀┼┼┼┼┼┼┤	115	
İ	MOOS	87		117	
1	18 / / J Z	68	<del>┦╸┩╸┩╶┩╸┩</del> ╸┦	118	
İ	2011/1==	70		120	
ŀ		71 72		121	
ļ		73		123	
1	24 0 0 0 29 J A	74	+++++	124	
24		76		126	
ŀ	27 28	78		128	
	30	79		130	
• -{	31	81		131	
ं	32 33	82	+++++	132	
180	34	84		134	<b>国际基本公司</b>
	\$38 878	85		135	
	97	87		137	
	38	88	<del>                                     </del>	138	
	40	90		140	
. ,	41 42	91 92	<del>                                     </del>	141	
	49	93		143	
-	44 45	94	+++++	144	$\Box$
ļ	46	96		146	
ŀ	47 48	98		148	
ļ	49 50	99		149	
L		TI TIME	<u> </u>	6 <del></del>	
If more than 150 claims or 10 actions					
		staple a	additional sheet here		ACA
	. A State of		(LEFT INSIDE)		
	and and the state of the state of		Justine Marie Company		